

# First Health Services of Montana Provider Manual

## YOUTH RESIDENTIAL TREATMENT

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### THERAPEUTIC HOME VISITS

#### Definition

A therapeutic home visit is a planned temporary absence from a therapeutic living arrangement and is available to Medicaid or MHSP recipients in therapeutic youth group homes, therapeutic youth family care, residential treatment centers, adult foster care, or adult group homes. The recipient's plan of care must document the medical need for the therapeutic home visit as part of a therapeutic plan to transition the recipient to a less restrictive level of care. The provider must document staff contact and recipient achievements or regressions during and following the home visit.

If a therapeutic home visit is two (2) patient days or less, the visit must be reported to First Health Services of Montana on the appropriate form (see **FORMS** section of this manual) within 30 days after the start of the visit. A recipient is allowed a maximum of 14 patient days in each rate year for therapeutic home visits.

#### Prior Authorization Reviews

Prior authorization is required for therapeutic home visits for Medicaid or MHSP recipients who will be away from their current setting for more than two (2) patient days. The request for prior authorization must be made at least 48 hours/two (2) business days prior to the start of the therapeutic visit. The outcome of the therapeutic home visit must be submitted by facsimile to First Health Services of Montana within seven (7) days of the recipient's return from the visit or by the next continued stay review, whichever occurs first (see **FORMS** section of this manual for *Therapeutic Home Visit Outcome Form*).

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### PRIOR AUTHORIZATION REVIEW PROCEDURE

#### Definition

A therapeutic home visit is a planned temporary absence from a therapeutic living arrangement.

#### Prior Authorization Review Procedure

1. The provider must verify the recipient's Medicaid or MHSP eligibility.
2. The provider should notify First Health Services of Montana as soon as the need for the therapeutic home visit is determined, but **must** notify First Health Services of Montana at least 48 hours/two (2) business days prior to the start date of the visit. This allows for timely completion of the prior authorization review process. This is a fax based notification process for submission of the request for prior authorization and pertinent information. (See **FORMS** section of this manual for *Therapeutic Home Visit Request Form*).
3. The provider must submit a prior authorization request form by fax that includes demographic and clinical information. This information must be sufficient for the clinical reviewer to make a determination regarding medical necessity and must include:
  - Demographic information
    - Recipient's Medicaid ID number (MID) or MHSP ID number
    - Recipient's Social Security Number (SSN)
    - Recipient's name, date of birth, sex
    - Recipient's address, county of eligibility, telephone number
    - Responsible party name, address, phone number
    - Provider name, provider number, planned date of therapeutic leave
  - Clinical information
    - Date and time of anticipated home visit
    - Date and time of anticipated return from home visit
    - Documentation of medical need for home visit
    - Current level of functioning and mental status
    - Treatment goals for the home visit
    - The safety plan, including responsible staff/support

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### **Prior Authorization Review Procedure Continued:**

4. Upon fax receipt of the above documentation, First Health Services of Montana's clinical reviewer will complete the review process as demonstrated in the *Prior Authorization Flow Chart* (Appendix A).
  - The authorization review will be completed within two (2) business days from the receipt of the review request and clinical information providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.
  - If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) business days of the request for additional information, and
  - The authorization review will be completed within two (2) business days from receipt of additional information
5. If medical necessity is met the First Health Services of Montana reviewer will authorize the therapeutic home visit and generate notification to all appropriate parties.
6. If medical necessity is not met, then the case is deferred to a Board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

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### DETERMINATIONS

Upon completion of the review, one of the following determinations will be applied and notification will be made as outlined in Notification Process of this section:

**1) Authorization:**

An authorization determination indicates that utilization review resulted in approval of all provider requested services and/or service units and a prior authorization number is issued.

**2) Pending Authorization:**

Indicates that a First Health Services of Montana reviewer or First Health psychiatrist has requested additional information from the provider. The provider will have 48 hours hours/two (2) business days to provide any additional information needed to make a payment determination.

**3) Partial Approval:**

Partial approval is considered an adverse payment determination indicating that the request does not meet the appropriate Medicaid criteria to justify Medicaid payments for the level or complete duration of services requested. Only a First Health psychiatrist may issue a partial approval. Partial approvals are subject to the First Health Services of Montana Appeal process.

**4) Denial:**

The request for authorization of payment does not meet the appropriate Medicaid/MHSP medical necessity criteria to justify Medicaid payment for the services requested. Authorization for payment is denied. Only a First Health psychiatrist may issue a denial. Denials are subject to the First Health Services of Montana Appeal process.

**5) Technical Denial (Administrative Denial):**

A prior authorization review was not administered on medical necessity criteria as a result of provider Medicaid protocol non-compliance. Non-compliance indicates that the request and/or information was out of specified timeframes or was incomplete. Technical denials may be appealed to the Addictive and Mental Disorders Division.

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### **NOTIFICATION PROCESS**

First Health Services of Montana recognizes the importance of prompt notification to all relevant parties with regard to authorizations and denials. “Relevant parties” is defined as beneficiaries, families or guardians of beneficiaries, requesting providers, and the Department. When appropriate, First Health Services of Montana will notify the regional care coordinator to assist in the transition to other levels of care.

First Health Services of Montana will implement a two-step notification process, providing both informal and formal notification.

#### **Informal Notification**

Informal notification will be completed via facsimile on a daily basis and will include:

- Outcome report to the Department of all determinations, regardless of region or provider
- Outcome report of all determination will be given to each provider (Provider specific information only)
- Outcome report of all determinations will be provided to the regional care coordinator (region specific only)

The above outcome reports are generated and transmitted via facsimile by 9:00 AM Mountain Time on the next business day.

#### **Formal Notification**

Formal notification will be made providing all relevant parties with a hardcopy determination sent by US mail.

- Authorization and continued stay determinations will be mailed by regular US mail
- Denial determination (technical denials or denial for medically unnecessary) will be mailed certified return receipt mail and tracked to ensure deliver.
- Notifications for technical denial determinations will include:
  - Dates of service that are denied a payment recommendation because of non-compliance with Administrative Rule

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- Reference applicable federal and/or state regulations
  - An explanation of the right of the parties to request an Appeal
  - Name and address of person to contact to request an Appeal
  - A brief statement of First Health Services of Montana's contractual responsibility to the State of Montana for utilization reviews
- Notifications for denial determinations for medically unnecessary treatment/services will include:
- Dates of service that are denied a payment recommendations because the services in question are considered medically unnecessary according to Medicaid/MHSP criteria or protocols
  - Case specific denial rationale based on the medical necessity criteria upon which the determination was made
  - Reference federal and/or state regulations governing the review process
  - Date of notice of First Health Services of Montana's decision which is the date of printing and mailing; and/or the date of the confirmed facsimile transmission
  - An explanation of the right of the recipient (or legal guardian), the psychiatrist/physician, and/or the provider to request an Appeal
  - Name and address of person or office to contact to request an Appeal
  - A brief statement of First Health Services of Montana's contractual responsibility to the State of Montana for utilization reviews

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### FIRST HEALTH SERVICES OF MONTANA APPEAL PROCESS

#### Definition

Appeal – Consumer, provider, or agent’s challenge of a denial. Appeal may be indicated through the use of any one of the following terms: Appeal, Administrative Review, Reconsideration, or Fair Hearing.

#### Process

All adverse determinations are made by Board-certified psychiatrists. Our review process is designed to take advantage of the Montana-specific knowledge of treatment availability, access, and program strengths that our Montana physician panel brings to the determination process. Therefore, First Health Services of Montana will defer appeals to a Montana-based physician for final determination whenever possible. However, First Psychiatry and Neurology so that all appeal determinations will be completed by a psychiatrist not involved in the original adverse determination. This process allows for a choice of a peer-to-peer or a desk review using the following process:

- a) Upon receipt of an adverse determination, the recipient or recipient’s guardian or the guardian or the provider/facility may request an appeal of the adverse determination.
- b) The request for appeal must be received at the First Health Services of Montana, Helena office within 30 days of the date of receipt of the determination notice.
- c) The request for appeal must specify the option of peer discussion/review or desk review. Any additional information to be considered must be included with the request.

#### **Peer-to-Peer Discussion/Review:**

Scheduling of peer reviews must be requested and coordinated through the First Health Services of Montana, Helena office. To permit completion of the appeal process within five (5) business days of receipt of the request, the peer-to-peer discussion will be completed within 72 hours/three (3) business days of receipt of the request.

#### **Desk Review:**

A desk review will be performed whenever a peer review has not been requested or when the request for appeal does not specify peer discussion or desk review.

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- d) First Health Services of Montana completes the appeal review within five (5) business days of the receipt of the request. A Board-certified psychiatrist, who has no prior knowledge of the case or professional relationship or ties with the provider, completes the reconsideration review. Whenever possible, Montana licensed and based Board-certified psychiatrists will complete these reviews.
- e) All final determinations include rationale for the determination based upon the applicable federal and state regulations, and include instructions as to the rights of further appeal.
- f) The determination rendered by the appellate physician performing the review will, in all cases, stand as the final First Health Services of Montana decision.
- g) If the appeal review upholds the adverse determination, the rights of the provider and/or beneficiary to an administrative review or reconsideration with the Montana Department of Public Health and Human Services will be included in the formal notification. First Health Board-certified psychiatrists and licensed psychologists provide input regarding the determination rationale, application of federal and state regulations, and other relevant information.

Please refer to Appendix C for the First Health Services of Montana Appeal Process.

### Notification Process-Appeal Determinations

In accordance with state and federal policy, First Health Services of Montana will provide written notification of the appeal determination to the recipient, legal guardian, and the facility/provider of their right to the next level of appeal. Notification will include those elements as discussed in the “**Notification Process**” of this section.

### Fair Hearing Process

First Health will be available to participate in the Medicaid Fair Hearing process to provide testimony related to the determination under appeal and will provide copies of all documentation and correspondence related to the determination under appeal.

Please refer to the notification letter for detailed instructions regarding Appeals/Reconsiderations/Administrative Review/Fair Hearing processes.